



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1155226
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1155226

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 42888

LOCATION 180

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

15-015-23984-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-13	3553	Allen memorial Hospital 2A	32	25	S	Butler
CUSTOMER						
Hawkins Oil						
MAILING ADDRESS						
427 S Boston suite 915						
CITY STATE ZIP CODE						
Tulsa OK 74103						
TRUCK # DRIVER TRUCK # DRIVER						
603 Jeremy A 702 Jacob						
491 Jeremy M						
681 mark						
451 T08 Ron						

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 mixed
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 7 bpm

REMARKS: Sealty meeting, Break circulation mix 185 sks 60/40 8 1/2 gal
2 1/2 cc 5 1/2 kol-seal, 1/2 lb poly, tail with 100 sks thickset 5 1/2 kol-seal
displace with 59.88 dis landing plug at 1300 psi check
float, float held, job complete
circulating cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	10	MILEAGE	4.20	42.00
5407	2	min bulk delivery	368.00	368.00
5402	1000	footage	.23	230.00
5501C	5	Transport	120.00	600.00
1126A	100	thickset	20.16	2016.00
1131	185	60/40	13.18	2438.30
1118B	1500	gel	.22	330.00
1110A	1500	kol-seal	.46	690.00
1107	100	poly-flake	2.47	247.00
4104	2	5 1/2 Basket	240.00	480.00
4130	2	5 1/2 centerizer	50.50	101.00
4159	1	5 1/2 Float shoe	361.00	361.00
4454	1	5 1/2 latch down plug	266.75	266.75
5410	1	crar mobilization	50.00	50.00
5408	1	water		
			Subtotal	9305.05
			SALES TAX	443.51
			ESTIMATED TOTAL	9748.56

Ravin 3737

AUTHORIZATION _____

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43590 X
LOCATION 180
FOREMAN L. Anderson

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APL-15-D15-23984-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-13	3553	Allen Memorial Hwy 24	32	253	5E	BUTLER
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
CUSTOMER <u>Franklin's Oil LLC</u> MAILING ADDRESS <u>427 S Rector St Ste 915</u> CITY <u>Tulsa</u> STATE <u>OK</u> ZIP CODE <u>74103</u>			<u>446</u>	<u>Garland</u>		
			<u>502</u>	<u>Houder</u>		
			<u>537</u>	<u>Houder</u>		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 212 CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 210 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 25 ft
 DISPLACEMENT 13.25 DISPLACEMENT PSI 250 MIX PSI 150 RATE 66 bbls
 REMARKS: Make Cement slurry - mixed 130 sks A + 3% CACH 2 + 1/2 lb Poly - Displaced 11 1/2 bbls - Shut in 8 3/8

Consolidated Cement Co Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>54015</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>870.00</u>	<u>870.00</u>
		<u>MILEAGE</u>		<u>72</u>
<u>11045</u>	<u>130 sks A</u>		<u>15.70</u>	<u>2041.00</u>
<u>1102</u>	<u>320 lbs CACH 2</u>		<u>.78</u>	<u>249.60</u>
<u>1107</u>	<u>50 lbs Poly</u>		<u>2.47</u>	<u>123.50</u>
<u>5407</u>	<u>1</u>	<u>Sub Dep. Only Man.</u>	<u>368.00</u>	<u>368.00</u>
				<u>3652.10</u>
			SALES TAX	<u>154.49</u>
			ESTIMATED TOTAL	<u>3806.59</u>

Ravin 3737 AUTHORIZATION Brian V. Howell TITLE Toolpusher DATE _____
 060581

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.